

# NOTICE OF AIRCRAFT LIEN

Office of the Secretary of the State  
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 /Rev. 10/1/2004

SPACE FOR OFFICE USE ONLY

**Fee: \$25.00**  
**File in duplicate**

To all persons whom it may concern, a lien is claimed by me on the below described aircraft:

**1. CLAIMANT'S NAME:**

<b>IF INDIVIDUAL</b>	<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>SUFFIX:</b>
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<b>IF BUSINESS</b>	<b>NAME:</b>
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**2. CLAIMANT'S ADDRESS:**

<b>MAILING ADDRESS</b> (Street or P.O. Box):	<b>CITY:</b>	<b>STATE:</b>	<b>COUNTRY:</b>	<b>POSTAL CODE:</b>
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**3. AMOUNT OF CLAIM**

**4. NAME OF AIRCRAFT** (Write "none" if not applicable)

**5. REGISTRATION NUMBER:**

**6. BASIS OF CLAIM WITH DATES:**

**7. DESCRIPTION OF AIRCRAFT** (MUST INCLUDE NAME OF MANUFACTURER)

**8. LOCATION OF AIRCRAFT**

**9. OWNER'S NAME:**

<b>IF INDIVIDUAL</b>	<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>SUFFIX:</b>
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<b>IF BUSINESS</b>	<b>NAME:</b>
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**10. OWNER'S ADDRESS:**

<b>MAILING ADDRESS</b> (Street or P.O. Box):	<b>CITY:</b>	<b>STATE:</b>	<b>COUNTRY:</b>	<b>POSTAL CODE:</b>
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**INTENDED SALE** (If applicable – at least 60 days next succeeding filing of such notice)

**DATE OF SALE**

**PLACE OF SALE**

**CLAIMANT'S SIGNATURE**

**DATE**